MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10/5681 206 APPLICANT(S)

SERIAL NO.

FILING DATE

2-13.06

(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1* AMENDMENT		AFTER 2 ^{pd} AMENDMENT	
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CLAIM	<i>ब</i>					

PTO - 1360 (REV. 11/04)

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TOTAL IND.	•
TOTAL DEP.	
TOTAL CLAIMS	4

Barbara Campbell, PCT National Stage

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